

ISSUE SLIP STAPLE AREA (for additional cross-references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		5-9-01

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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